

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000889	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/26/2021
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NAME OF PROVIDER OR SUPPLIER BELLA TERRA MORTON GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 8425 WAUKEGAN ROAD MORTON GROVE, IL 60053
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S 000	Initial Comments Complaint Investigation 2195896/IL137102-F684G	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c)2) 300.1210d)5) 300.3220f) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to follow wound physician's wound treatment recommendation for 1 resident (R1) reviewed for skin alteration. R1 did not have a treatment order documented as completed for the left foot, 4th toe from 7/26/21 to 8/3/21. This failure resulted in R1 being transferred in a local hospital for left foot pain. R1 presented to hospital with clinical impression of critical ischemia of foot, open wound on left foot, and infestation by maggots.</p> <p>Findings Include:</p> <p>R1's initial admission date is 6/19/21.</p> <p>R1 was sent to local hospital on 7/18/21 for complication of AV (Arteriovenous) Fistula.</p> <p>R1 returned to the facility on 7/25/21.</p> <p>R1 Skin Evaluation (Quarterly + Comprehensive) dated 7/26/21 at 13:00 (1pm) shows that there were two skin alterations identified. One in left arm surgical incision and one in left fourth toe</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>vascular/arterial insufficiency. Additional Skin/treatment note reads in part: Treatment resumed to left fourth. Right fifth toe healed. New surgical incision on left arm. Treatment applied as ordered.</p> <p>Reviewed July 2021 Treatment Administration Record of R1. There is no noted treatment for left fourth toe upon readmission. No treatment is documented for the left 4th toe from 7/26/21 to 8/3/21.</p> <p>Medical record was reviewed. V7 (Wound Doctor) came and saw R1 on 7/26/21. Wound doctor note reads in part: Site 2 Arterial wound of left, fourth toe with a wound size of 1 x 1 x Not measurable cm (length x width x depth), surface area of 1.00 cm², exudate: none, Scab: dried fibrinous exudate (scab), wound progress: no change. Dressing treatment plan betadine apply once daily. This mentioned recommendation on 7/26/21 was not carried out until 8/4/21.</p> <p>Wound visit on 7/26/21 was also the last time wound doctor saw R1 in the facility. Other Mondays that wound doctor was in the facility R1 was not available.</p> <p>On 8/24/21 at 2:09 pm, interviewed V7 (Wound Doctor) and stated "V2 (DON) does wound rounds with me because there is no wound treatment nurse at this time in the facility. Left 4th toe has a scab and as long it stays dry, it should be fine. Because the wound etiology is arterial, our goal is to prevent infection and drainage. On 8/2/21, I was on vacation and I did not do wound rounds that Monday. I came in the same week on Friday and I did not see R1. R1 was not available, either R1 was on dialysis or therapy. On 8/9/21, if I don't have documentation, I did not see R1 that</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Monday also, either R1 was not in room, either doing therapy or dialysis".</p> <p>On 8/24/21 at 11:05am, V2 (Director of Nursing) stated "R1 came in with two wounds in left foot, 4th and 5th toes. 5th toe was healed on July 12th 2021 and 4th was still open. Dry and fibrinous exudate, scab 7/12/21. Resident came back on 7/25/21 (was hospitalized on 7/18/21) with wound vacuum on left upper arm. Seen by wound doctor on 7/26/21, and left 4th toe had an order for betadine. Fourth toe was dry and necrotic during the wound nurse round when R1 was not seen by the wound doctor. On 8/15/21, R1 was sent in the hospital. R1 had pain in toes and was sent on 8/15/21 to the local hospital. The pain was not relieved, which concerned the nurse and R1 was sent out to the hospital for evaluation. R1 was taking pain medication but was ineffective. Admitting diagnosis in the hospital on 8/15/21 was maggots on left toe wound".</p> <p>On 8/24/21 AT 3:15PM, V8 (nurse) stated "R1's left 4th toe was really open and the 3rd and 5th were moist, but I am not sure if they were opening. Definitely there was an opening on the left 4th toe. I noted a small opening. I'm was just concerned about R1's severe pain. R1 had requested a second dose of pain medication which was very unusual for R1. That R1 had left foot pain, not tolerable prompted me to call the doctor. Severe pain. No odor, no swelling and no redness, just opening and drainage".</p> <p>Nurse's note reviewed and on 8/15/21 at 2100 (9pm), V8 documentation reads in part: complaint of severe pain in left toes, noted open areas with small amount of drainage on 3rd, 4th, and 5th. Call placed to V10 (Nurse Practitioner), covering for R1's attending physician and informed.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Ordered to send R1 to hospital emergency room for evaluation and treatment. Area cleansed with soap and water, dry dressing applied. Medicated for pain.</p> <p>Nurses noted dated 8/16/21 at 10:14 am reads in part: called local hospital emergency room, talked to nurse that R1 admitted for left 4th toe wound with maggots.</p> <p>Hospital record reviewed. Emergency notes reads in part: Seen by vascular surgery residents. They did some debridement of the wound and removed the maggots. Emergency diagnosis: Critical Ischemia of foot, open wound of left foot, initial encounter, infestation by maggots.</p> <p>On 8/24/21 at 11:05am, V2 stated "I don't know what happened with the wound doctor recommendation on 7/26/21, I gave those to the nurses. I think what happened was the nurses got comfortable and continued to do the betadine treatment to R1 but did not place the order in R1's chart. I know it is not documented anywhere but I know the nurses are doing the treatment".</p> <p>On 8/25/21 at 2:00 pm, V10 (Nurse Practitioner) stated "For wound treatment, I would refer to the wound doctor recommendation because they know more and they have the expertise when it comes to wounds. This is the first time this happened in my career, to hear one of my patients developed maggots in their wound. I know maggots came from flies, they used to have windows open in the facility, but I don't want to assume that it started because of that".</p> <p>On 8/25/21 at 2:55pm, V7 stated "The etiology of maggots developing is that the wound is infected. The point of betadine treatment recommendation</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>is to keep the wound dry. The wound on the 4th left toe probably got wet and that causes the infection. I recommended betadine because it has anti-septic property, and it would keep the area clean and dry".</p> <p>On 8/25/21 at 10am, requested policies from V2 for comprehensive skin assessment, treatment administration, and skin documentation policy. Facility was unable to provide requested policies. Per V2, "We don't have those policies, whatever we have is in that wound care program policy".</p> <p>Wound Care Program policy with last reviewed date of April 2021 reads in part: Timely identification of residents assessed to be at risk for skin breakdown. Facility shall develop a plan of care and implement intervention according to the resident's Braden Scale and Clinical Evaluation or identified individual risk factors. Documentation: The resident's skin alteration/breakdown (pressure ulcer, arterial, diabetic, venous ulcers and etc.) shall be documented in the resident's clinical records in accordance to the facility's policy and in compliance to current regulatory standards. Wound assessment for pressure, diabetic, venous and arterial wounds: wound assessment documentation shall include but are not limited to type of wound and/or ulcer, location, date, stage, (if applicable), length, width, and depth; wound bed description, wound edge description and if presence exudate, undermining, tunneling, and wound related pain.</p> <p>(A)</p>	S9999		